MONTGOMERY COLLEGE
Workforce Development
& Continuing Education

Open Enrollment Registration Form

Please fill out this form if you are registering for Open Enrollment

Please Print Clearly

All information is required. Incomplete forms will be returned to the student unprocessed.
For registration assistance and information on course content call 240-567-1660.

FAX completed registration form with credit card information to 240-567-1666. Mail completed registration form with payment to Karla Nabors, Montgomery College, 7600 Takoma Ave. Takoma Park, MD 20912

College ID Number: M 2 __________ **Birthdate** __ __ - __ __ - __ __ __ __ (Month Day Year) **Sex** ☐ Female ☐ Male

(This is your Student ID Number. If you have taken courses at MC previously, you should have one. If not, the College will assign your MC Identification Number for you.)

Name ____________________ (Last) ____________________ (First) ____________________ (Middle)

Address ____________________ House # and Street Name (Do NOT use P.O. Box or you will be charged Non-Md. resident fee.) Apt. #

City ____________________ State ____ Zip ____________

Is this a new address? ☐ Yes ☐ No **Have you attended MC before?** ☐ Yes ☐ No

Home Phone ____________________ **Fax** ____________________

Work Phone ____________________ **E-Mail** ____________________

(Provide e-mail address only if you wish to receive notification of future offerings.)

ETHNICITY: Choose one. (Disclosure not mandatory by Montgomery College, but is required by the U.S. Department of Education.)
☐ Not Hispanic or Latino ☐ Hispanic or Latino ☐ None

RACE: Choose all that apply, you may choose more than one. (Disclosure not mandatory by Montgomery College, but is required by the U.S. Department of Education.)
☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian and other Pacific Islander ☐ White

STUDENTS WITH DISABILITIES
If you need support services due to a disability, call Workforce Development & Continuing Education at 240-567-1819 (TTY 240-567-7931) at least three weeks before class begins.

☐ U.S. Citizen ☐ Permanent Resident (Green Card/Working Card) ☐ Other Immigration Status ______________ (Citizen status used for tuition-setting purposes only.)
International Students: Are you planning to request an I-20 from Montgomery College? ☐ Yes ☐ No (If yes, you must see the International Student Coordinator, Rockville Campus, Student Services, Room 115.)

CHECK ALL THAT APPLY:
- ☐ I have been a Maryland resident [as defined in the *Montgomery College Catalog*] for at least three months.
- ☐ I consider Maryland to be my permanent place of abode, where my possessions are maintained and where I intend to remain indefinitely.
- ☐ I am 60 years of age or older. (Applicable to designated tuition waiver courses for Maryland residents only.)
- ☐ I am a Maryland National Guard member enlisted for at least a 24 month period and submitting proof of such from the adjutant general's office. (50 percent tuition waiver applicable to designated tuition waiver courses.)

Social Security # is no longer required. However, if you intend to claim your tuition and fee costs on your income tax, you must submit your SSN. ___ - __ - ____

CRN #	Course #	Course Title	Date: Check day(s) you will be attending	Tuition	Course Fee	Non-Md. Resid. Fee	Course Total
36428	ATI001	Autism Training Institute	4/24 ☐	$ 30	$ 20	$ 30	$
36429	ATI001	Autism Training Institute	4/25 ☐	$ 30	$ 20	$ 30	$
							$
CODE:						Total Due	$

Students registering for a course or program at least one week prior to the starting date will receive a mailed registration acknowledgement along with a parking permit.

I certify that the information on this registration is correct and complete. I am aware of and will adhere to College policies as published in the Student Handbook.

____
Student Signature Required Date

Important Notice: I understand that non-attendance and/or failure to file all registration changes in writing with the Admissions and Records Office does not relieve me of responsibility for tuition and fee charges incurred. I agree to abide by the policies and procedures of the College, including without limitation, the Student Code of Conduct. I hold the College harmless for any errors I have made that may affect a request for a subsequent refund or academic appeal.

Please indicate payment by:

_____Check (payable to Montgomery College)

_____ MasterCard _____VISA _____ Discover : **Exp. Date** __ __ / __ __ (m m / y y)

3 or 4 digit Security code on back of card: __ __ __ __

Credit Card Information:

Name on Card ____________________

Card Number ____ - ____ - ____ - ____

Your Name ____________________
(If different from name on card)

Cardholder Signature Required ____________________

Montgomery College is an Equal Opportunity Affirmative Action Title IX institution.

This form MUST be completed and submitted with registration form.

Fax: 240-567-1666

Mail: Karla Nabors

Montgomery College, 7600 Takoma Ave. Takoma Park, MD 20912

Name: _____

Please indicate below the training course *(Choose one per time session)*

Friday, April 24, 2009

10:30 a.m.–12:30 p.m.

( ) Special Needs Financial Planning

( ) Augmentative Communication & Assistive Technology

( ) Job Coaching, Job Development, and Montgomery County's Customized Employment Project

( ) Overview of DDA Funding System

( ) First Aid (3-year Certification)

1:15 p.m.–3:45 p.m.

( ) How Best Buddies Serves the Community

( ) Psycho-social Therapy Techniques

( ) Autism and Behavioral Programming

( ) CPR (2-year certification)

Saturday, April 25, 2009

10:30 a.m.–12:30 p.m.

( ) Special Needs Advocacy: "Making a Difference for your Child's Future"

( ) Instructional Programming for Individuals with Autism and Significant Disabilities

( ) Special Care Planning

( ) Advanced Behavioral Strategies

1:15 p.m.–3:45 p.m.

( ) Wills and Estates Planning

( ) Getting the Best for your Child with Autism

( ) Principles and Practices of Health, Nutrition, Menu Planning, and Cooking.

( ) Parent Advocacy and Early Intervention

Box lunches will be provided.

Please indicate in the box below your lunch preference:

Friday, 4/24

( ) Traditional box lunch with drink

( ) Vegetarian box lunch with drink

Saturday, 4/25

( ) Traditional box lunch with drink

( ) Vegetarian box lunch with drink